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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

P00345-US1

First Named Inventor

Kevin A. McCullough

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERMALLY CONDUCTIVE ELECTRONIC DEVICE CASE

the specification of which

(Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/168,411	12/01/1999	

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

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Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE**DECLARATION—Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35(44) of any PCT international application designating the United States of America, filed today and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States or PCT international application in the manner provided by the last paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 35 U.S.C. 101 which became available between the filing date of this application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent
NumberParent Filing Date
(MM/DD/YYYY)Parent Patent Number
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As an inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to conduct all business in the Patent and Trademark Office connected therewith:

☒ Customer Number
OR
☐ Registered practitioner(s) name/registration number listed below

003017

Please Customer
Number and Code
Label Here

Name	Registration Number	Name	Registration Number
David R. Josephs	34,632	Stephen J. Holmes	34,631

☐ Additional registered practitioner(s) names and/or email address(es) Registered Practitioner Information sheet PTO/SB/028 attached hereto.

Direct all correspondence to: ☒ Customer Number or
Bar Code Label 003017 OR ☒ Correspondence address below

Name	David R. Josephs				
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I hereby declare that all statements made herein of my own knowledge and belief and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname
McCU LLOUGH	Kevin A.

Inventor's Signature	Date
	11/28/00

Residence City	Warwick	State	RI	Country	US	Citizenship	US
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Post Office Address	
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☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/028 attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature				Date			
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James D.				Miller			
Inventor's Signature				Date			
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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